

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
DOMESTIC VIOLENCE ASSISTANCE PROGRAM
PERFORMANCE ASSESSMENT / SITE VISIT REPORT

- 1. GRANT AWARD NUMBER:** DV09231248 & DR09011248
- 2. DATE OF SITE VIST:** 3/24/2010
- 3. GRANT PERIOD:** 7/1/09 - 6/30/10
- 4. RECIPIENT/IMPLEMENTING AGENCY:** Family Services of Tulare County
- 5. PROJECT DIRECTOR:** Karen Cooper

PERSONS INTERVIEWED DURING SITE VISIT:

| <u>NAME</u> | <u>TITLE</u> | <u>AGENCY</u> |
|---------------------|----------------------------------|----------------------------------|
| Karen Cooper | Executive Director | Family Services of Tulare County |
| Linda Compo-Blazich | Program Manager | Family Services of Tulare County |
| Susan T. Munter | Human Resources Manager | Family Services of Tulare County |
| Katie Welch | Administrative Program Assistant | Family Services of Tulare County |
| Cecilia Garcia | Program Assistant /Receptionist | Family Services of Tulare County |
| John Blyleven | Fiscal Officer | Family Services of Tulare County |
| Alma Borja | Bilingual Case Manager | Family Services of Tulare County |

Signature of Program Specialist

Date

Signature of Section Chief

Date

Signature of Project Representative

Date

7/13/2010

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| A. ADMINISTRATIVE REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---------------------------------|-------------------|------------------|-------------------|
|---------------------------------|-------------------|------------------|-------------------|

1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Reviewed all requested documents at the time of site visit

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company name | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Reviewed Fidelity Bond at time of site visit and took a copy to be placed in current DV office file and FSTC's master file at Cal EMA Headquarters.

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments: Reviewed CEQA documentation at time of site visit and took a copy to be placed in FSTC's current DV office file and master file at Cal EMA Headquarters.

4. PROOF OF AUTHORITY (R.H. Section 1350)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: Reviewed at time of site visit and took a copy to be placed in current DV office file and FSTC's master file at Cal EMA Headquarters.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| A. | ADMINISTRATIVE REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|----|-----------------------|------------|-----------|------------|
|----|-----------------------|------------|-----------|------------|

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified? ☒ ☐ ☐

Comments: Reviewed at time of site visit and took a copy to be placed in FSTC's current DV office file and master file at Cal EMA Headquarters.

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*) ☒ ☐ ☐

A modification is needed for the following:

- ☐ Budget changes
- ☐ Change in key personnel
- ☐ Adding/changing additional signers
- ☐ Change goals/objectives, or activities
- ☐ Address change
- ☐ Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130] ☒ ☐ ☐
- Do policies include:
 - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions ☒ ☐ ☐
 - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
 - Work hours ☒ ☐ ☐
 - Compensation rates ☒ ☐ ☐
 - Overtime ☒ ☐ ☐
- Did the Board approve the agency's current personnel policy? ☒ ☐ ☐

Comments: Reviewed Shelter Operations Assistant & Administrative Assistant's personnel files at time of site visit. Each hired employee gets a copy of the personnel policy and they also have it posted on the project's interoffice website.

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated ☒ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| A. ADMINISTRATIVE REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|-------------------------------------|--------------------------|--------------------------|
| within the last 2 years? <i>[R. H. Section 11331]</i> | | | |
| <ul style="list-style-type: none"> Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Reviewed the Bilingual Case Manager, Shelter Operations Assistant, and Child Advocate's timesheets. Also reviewed one volunteer timesheet.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? <ul style="list-style-type: none"> Name of individual who approves purchases. Katie Welch - can only approve purchases for general office supplies. Karen Cooper approves everything else and Linda Compo-Blazich can approve in her absence. Name of individual who writes checks. John Blyleven Name of individual(s) who signs checks. Karen Cooper and Board Treasures Brett Stuber | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| <ul style="list-style-type: none"> Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments: They have no equipment purchases this grant period. The project uses a record keeping system called "Fast Fund" by Araize. Reviewed all supporting documents from the system to ensure the accuracy of costs claimed and that the correct costs were being charged accurately to each fund source through Cal EMA.

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| <ul style="list-style-type: none"> Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

YES NO N/A

Comments: At time of site visit I informed the Executive Director and Fiscal Officer to spend their CSP-1 funds first before their federal money.

12. MATCH REQUIREMENTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: At this time the project has no match funds left in the grant per the ALS LEVS Budget Summary Report dated 3/23/10.

13. EEO POLICY

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| | | | | |
|-----------|--|-------------------|------------------|-------------------|
| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------|--|-------------------|------------------|-------------------|

GENERAL

1. PROGRAM GOALS AND OBJECTIVES

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. PROGRESS REPORT

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Discuss and review the programmatic Progress Report requirements. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments: At the time of site visit I discussed their first and second quarter progress report results and there are no issues with either of them.

3. SOURCE DOCUMENTATION – Programmatic

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the project's file system and data collection process. | | | |

Comments: Project uses a system called "R/Client". I had the Administrative Program Assistant give a demonstration of how she enters information from their intake forms into R/Client and how that translates to meet the requirements of the Progress Report.

4. OPERATIONAL AGREEMENTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have current Operational Agreements as required by the Grant Award Agreement (three years in length)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

5. PROJECT STAFF DUTIES

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments: In addition to the individuals listed on the cover page of the Performance Assessment/Site Visit Report, I also interviewed the following people whose positions are paid for through Cal EMA funds. They're listed on the projects organization chart as well. Miguel Esquivel - Shelter Operations Assistant,

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
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Gisela Galvez - Child Advocate and Navie Hurtado - Volunteer Coordinator. All employees are performing duties as stated in the Grant Award Agreement.

DIRECT SERVICES

1. Maintain 24-hour crisis hotline

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Crisis line staffed 24 hours a day, 7 days a week. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on progress report (PR). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. Counseling to adult DV victims

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Free individual and group counseling provided to adult DV victims. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If counseling referred, OA on file with service providers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. Business Center

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Business center open during routine business hours. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Staff coverage provided during lunchtime and staff meetings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

4. Emergency Shelter

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Physical shelter exists | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency shelter provided to DV victims and their children 24 hours per day. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Victims and children with disabilities accommodated. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Children's services provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accommodations for schooling made while children are in shelter. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written protocol for reporting suspected child abuse in place. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: I physically went to and toured the shelter facility. While there I also and met with and interviewed shelter staff.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|---|-------------------------------------|--------------------------|--------------------------|
| 5. Emergency food and/or clothing | | | | |
| | • Emergency food and/or clothing provided to DV victims and their children. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • If emergency food and/or clothing is referred, OA on file with service providers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: The project sometimes has to refer to Visalia Emergency Aid Council. OA status is current. | | | | |
| 6. 24 hour emergency response to Law Enforcement (LE) | | | | |
| | • Written protocol in place to address LE referrals. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Current OA on file with local LE. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Reviewed all LE OA's on file. Status is current. | | | | |
| 7. 24 hour response to hospital emergency rooms | | | | |
| | • Written protocol in place to address emergency room referrals. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Current OA on file with local emergency rooms. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: Reviewed all hospital emergency room OA's on file. Status is current. | | | | |
| 8. 24 hour transportation to shelter or other safe location | | | | |
| | • Emergency transportation provided 24/7 to shelter to other safe location. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | |
| 9. Counseling to children of DV victims | | | | |
| | • Free, age-appropriate counseling provided to children of DV victims. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • If counseling is referred, OA on file with service providers. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------|--|-------------------|------------------|-------------------|
|-----------|--|-------------------|------------------|-------------------|

Comments: Project sometimes refers to the Children's Counseling Center. Reviewed the OA at time of site visit and the status is current.

10. Court and Social Service Advocacy for DV victims

- Victim advocacy to social services agencies provided.
- Court accompaniment provided.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

11. Legal Assistance

- Legal assistance with TRO's and other protective and/or custody orders.
- If legal assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Project sometimes refers out to "CA Legal Services" for issues like civil harassment or child support. Reviewed OA at the time of site visit and the status is current.

12. Local community services

- Involvement in local DV Council or other collaborative partnerships.
- Referrals made to other agencies in the DV services network.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Project is involved in numerous collaborative partnerships such as the Continuum of Care.

13. Household establishment

- DV victims receive assistance establishing a new residence.
- If household establishment assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

| | | |
|-------------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

40-HOUR TRAINING

1. Can the project ensure advocates working with victims meet the requirements of a "domestic violence counselor" pursuant to

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------|--|-------------------|------------------|-------------------|
|-----------|--|-------------------|------------------|-------------------|

Evidence Code §1037.1(a)(1)?

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

ADDITIONAL REQUIREMENTS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project have a children's program in their shelter facility per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 5. Does the project have a documented procedure for the handling and storage of confidential client information per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: Project provided a copy of the procedure. Copy will be placed in the project's DV office file and FSTC's master file at Cal EMA Headquarters.

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have adequate policy and procedures, approved by the Board of Directors, to protect the agency from legal liability, including: | | | |
| • Up to date bylaws which specify minimum/maximum number of, and formal process for selecting, members of the Board of Directors; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Up to date personnel policies which include grievance procedures, | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------|--|-------------------|------------------|-------------------|
|-----------|--|-------------------|------------------|-------------------|

leave policies, work hour and benefit policies, regular staff evaluations, and policies for setting salaries and increases.

Comments:

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|----|---------------------------------|------------|-----------|------------|
|----|---------------------------------|------------|-----------|------------|

NOTES:

California Emergency Management Agency

EEO CHECKLIST - B

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| For Federally Funded CBOs and All State Funded Recipients (Monitoring/Site Visits) |
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| RECIPIENT(s): | <u>Family Services of Tulare County</u> |
| IMPLEMENTING AGENCY: | <u>Family Services of Tulare County</u> |
| GRANT AWARD #(s): | <u>DV09 23 1248</u> |
| FEDERAL \$: | <u>180,277</u> |
| STATE \$: | <u>219,072</u> |
| CONTACT PERSON AT SITE: | <u>Karen Cooper</u> |
| TELEPHONE #: | <u>(559) 741-7310</u> |
| E-MAIL ADDRESS: | <u>Karen.Cooper@fstc.net</u> |

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (CalEMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by CalEMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

California Emergency Management Agency

EEO CHECKLIST - B

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| <input checked="" type="checkbox"/> | <p>1. EEO POLICY - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.</p> <p>YES <input checked="" type="checkbox"/> (Request a copy of the policy and indicate if has been issued to staff.)</p> <p>NO <input type="checkbox"/> (Provide attachment 1B)</p> |
| <input checked="" type="checkbox"/> | <p>2. SEXUAL HARASSMENT POLICY - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.</p> <p>YES <input checked="" type="checkbox"/> (Request a copy of the policy.)</p> <p>NO <input type="checkbox"/> (Provide attachment 2B)</p> |
| <input checked="" type="checkbox"/> | <p>3. DISCRIMINATION COMPLAINT PROCEDURE - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?</p> <p>YES <input checked="" type="checkbox"/> (Request a copy of the procedure.)</p> <p>NO <input type="checkbox"/> (Provide attachment 3B)</p> |
| <input checked="" type="checkbox"/> | <p>4. NONDISCRIMINATION POSTER - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.</p> <p>YES <input checked="" type="checkbox"/></p> <p>NO <input type="checkbox"/> (Provide attachment 4A)</p> |
| <input checked="" type="checkbox"/> | <p>5. PUBLICATIONS – Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?</p> <p>YES <input checked="" type="checkbox"/> (Request copy of document)</p> <p>NO <input type="checkbox"/></p> |
| <input checked="" type="checkbox"/> | <p>6. COORDINATOR - Has the recipient identified a person responsible for coordinating complaints?</p> <p>NAME: Karen Cooper</p> <p>TITLE: Executive Director</p> <p>PHONE: (559) 741-7310 E-MAIL: Karen.Cooper@fstc.net</p> |

California Emergency Management Agency

EEO CHECKLIST - B

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| <input checked="" type="checkbox"/> | 7. FINDINGS OF DISCRIMINATION – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.). YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | 8. ALLEGATIONS OF DISCRIMINATION – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | 9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public. YES <input checked="" type="checkbox"/> (Request a copy) NO <input type="checkbox"/> (provide attachment 10A) |
| <input checked="" type="checkbox"/> | 10. LIMITED ENGLISH PROFICIENCY (LEP)* – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc. YES <input checked="" type="checkbox"/> (Request a copy) NO <input type="checkbox"/> (provide attachment 11A) |

**Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).*

I hereby certify this EEO Checklist is accurate and complete to the best of my knowledge.

PROGRAM SPECIALIST NAME: Joimeiko Coulbourn

PROGRAM SPECIALIST TELEPHONE: (916) 324-9222

DATE: 3/25/10

COMMENTS:

Upon completion, please send a copy of this checklist to Lisa Abila, EEO Compliance Officer, CalEMA Headquarters.